

Meeting Minutes
Health Information Technology Council Meeting

May 6, 2013
3:30 – 5 p.m.

**One Ashburton Place, 21th floor Matta Conference Room
Boston, MA**

Meeting Attendees:

Council Members:

Name	Seat	Organization	Attended
John Polanowicz	Secretary of Health and Human Services or Designee (Chair)	<i>Secretary of the Executive Office of Health and Human Services</i>	No
Manu Tandon	Secretary of Health and Human Services or Designee (Chair)	<i>Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator</i>	Yes
John Letchford (Designee for Glen Shor)	Secretary of Administration and Finance or Designee	<i>Chief Information Officer, Commonwealth of Massachusetts</i>	No
David Seltz	Executive Director of the Health Policy Commission or Designee	<i>Executive Director of Health Policy Commission</i>	Yes
Aron Boros	Executive Director of the Center for Health Information Analysis (CHIA)	<i>Executive Director of Massachusetts Center for Health Information and Analysis</i>	No
Laurance Stuntz	Director of the Massachusetts e-Health Institute	<i>Director, Massachusetts eHealth Institute</i>	Yes
Eric Nakajima	Secretary of Housing and Economic Development or a Designee	<i>Assistant Secretary for Innovation Policy in Housing and Economic Development</i>	No
Julian Harris, MD	Director of the Office of Medicaid or Designee	<i>Director of Office of Medicaid</i>	No
Meg Aranow	Expert in Health Information Technology	<i>Senior Research Director, The Advisory Board Company</i>	Yes
Deborah Adair	Expert in Health Information Privacy and Security	<i>Director of Health Information Services/Privacy Officer, Massachusetts General Hospital</i>	Yes
John Halamka, MD	From an Academic Medical Center	<i>Chief Information officer, Beth Israel Deaconess Medical Center</i>	Yes
Normand Deschene	From a Community Hospital	<i>President and Chief Executive Officer , Lowell General Hospital</i>	Yes
Jay Breines	From a Community Health Center	<i>Executive Director, Holyoke Health Center</i>	Yes
Robert Driscoll	From a Long Term Care Facility	<i>Chief Operations Officer, Salter Healthcare</i>	No
Michael Lee, MD	From a Large Physician Group Practice	<i>Director of clinical Informatics, Atrius Health</i>	Yes
Margie Sipe, RN	Registered Nurse	<i>Nursing Performance Improvement Innovator, Lahey Clinic</i>	Yes
Steven Fox	Representative of health insurance carriers	<i>Vice President, Network Management and Communications, Blue Cross Blue Shield MA</i>	Yes

Name	Seat	Organization	Attended
Larry Garber, MD	Experience or Expertise in Health Information Technology	<i>Medical Director of Informatics, Reliant Medical Group</i>	Yes
Karen Bell, MD	Experience or Expertise in Health Information Technology	<i>Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED</i>	Yes
Kristin Madison	Expert in Law and Health Policy	<i>Professor of Law and Health Sciences, Northeastern School of Law, Bouvé college of Health Sciences</i>	Yes
Daniel Mumbauer	From a Behavioral Health, Substance Abuse Disorder or Mental Health Services Organization	<i>President & CEO, Southeast Regional Network, High Point Treatment Center, SEMCOA</i>	Yes

Others:

Name	Organization
Joann Buckland	Executive Office of Health and Human Services
Kim Grosse	Executive Office of Health and Human Services
Phil Argyris	Tufts Medical
Bill Shickolovich	Tufts Medical
Peter Bristol	Network health
Atia Amin	Network health
Jean O'Malley	Network health
Micky Tripathi	Massachusetts eHealth Collaborative (MAeHC)
Carol Jeffery	Massachusetts eHealth Collaborative (MAeHC)
Erich Schatzlein	Massachusetts eHealth Collaborative (MAeHC)
Mark Belanger	Massachusetts eHealth Collaborative (MAeHC)
David Smith	Managed Health Network (MHN)
Ahmad Jubran	Boston Medical Center HealthNet Plan (BDMCHP)
Sean Kennedy	Massachusetts eHealth Institute (MeHI)
Kimberly Haddad	Executive Office of Administration and Finance
Lisa Fenichel	E-Health consumer Advocate
Nick Welch	Executive Office of Health and Human Services
Rob McDevitt	Executive Office of Health and Human Services

Meeting Minutes:

Meeting called to order – minutes approved

The meeting was called to order by Manu Tandon at 3:36 pm.

Council reviewed minutes of the April 8th, 2013 HIT Council meeting. The minutes were approved as written.

Discussion Item 1: Mass HIway Implementation Updates – BIDMC, Network Health and Tufts Medical Center

See slides 4-23 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides

Network Health & Tufts Medical Center Investing in HIE – Mass HIway Status presented by Network Health CIO Peter Bristol (slides 4-11)

(Slides 4-11) The council was briefed on the HIway adoption project underway with Network Health and Tufts Medical Center. Please see the slides for full details on the process and discussion.

- Question (Laurance Stuntz): What are the key consent issues that needed to be resolved?
 - Answer (Peter Bristol): On the health plan side, it is figuring out at what point consent is needed and also where to capture and store consent.
- Question (HIT Council Member): At what point is consent (release of information) captured? How much is covered by HIPAA under TPO?
 - Answer (Peter Bristol) – Network Health will capture consent information during the onboarding and assessment process for enrollees. The consent information will be stored in our clinical care management system. For outbound transactions, such as the e-CarePlan which is going to be developed, we intend to filter out content related to substance abuse and HIV, unless consent has been acquired to share all this information with the PCP and other members of the enrollees care team. Our position on this, and our approach, is based more on state and federal privacy laws, than they are based on HIPAA regulations.
- Question (Deb Adair) – How is sensitive information handled?
 - Answer (Peter Bristol) – We have a process for filtering it out
- Question (Larry Garber): What percentage of patients are giving their consent?
 - Answer (Peter Bristol) – Explanation of eCare and who has responsibility for collecting consent.
- Question (Karen Bell): To what extent is the eCarePlan consistent between providers and payers?
 - Answer (Peter Bristol): Some efforts around standardizations have been made.
 - Answer (Larry Garber): There will be a care plan format standard available soon as part of the Improving Massachusetts Post-Acute Care Transfers (IMPACT) project.

Tufts Medical Center HIE Integration Approach presented by the CIO of Tufts Medical Center Bill Shickolovich and Phil Argyris (slides 12-19)

(Slides 12-19) Tufts Medical Center provided an overview of the health center, technology components, and HIE / EHX integration (see slides). The council was presented with the technology components used at Tufts Medical Center, providing a brief overview of the use and functionality of each item. A Diagram of integration of Mass HIE / EHX was explained. The diagram demonstrates 4 channels of communication between physicians on the EHR, Tufts Medical Center, and external organizations. Strategy discussion included an overview of Continuity of Care Document (CCD) creation, integration with the Hlway, integration with eClinicalWorks' EHX, and sending out CCDs.

- Question (Laurance Stuntz): Regarding the review of all CCDs for sensitive information – are there plans to change this?
 - Answer (Phil Argyris): This is the current process chosen to prevent disclosure of sensitive information
- Question (Deb Adair) – Are there circumstances when you redact anything from the CCD?
 - Answer (Phil Argyris): There are three options: Send the CCD; don't send the CCD; or Send just the medication list. This process does not supersede the discharge summary policy already in place.
- Question (Larry Garber) – What is the average CCD size?
 - Answer (Phil Argyris): At least 20 MBs. In some cases, CCDs were approaching 200 MBs because providers were attaching very long histories (i.e. all historical labs). We have since narrowed the time period for the CCD
- Question (John Halamka) – Is the group getting the sense that eClinicalWorks (eCW) is keeping everything proprietary?
 - Answer (Phil Argyris): Yes, working with eCW to get general items accomplished was difficult
 - Comment (John Halamka) – This is the worry, tollbooths for these proprietary transactions between systems. We would need to come together as a community to ensure this doesn't happen. eCW is talking about monthly fees per provider.
- Question (Deb Adair): Is there is a need for consistent procedures and forms?
 - Answer (Phil Argyris): Yes, that would be most helpful – We could use a framework that we can all agree to.
- Question (HIT Council Member): How will you handle the opt-out process?
 - Answer (Phil Argyris): First, we started with everyone consented as a condition of their treatment and later introduced an opt-out process. The hope is that this type of framework can be used in the future.

Beth Israel Deaconess Medical Center Mass Hlway Progress Report presented by BIDMC CIO John Halamka (slides 20-23)

(Slides 20-23) Dr. Halamka reviewed the Hlway adoption progress underway with BIDMC and stakeholders. He indicated that it seems as though all trading partners are happy to move transactions

onto the HIway. A correction to the slide: Neighborhood Health has now made contact with regard to testing with BIDMC.

(Slide 23) Modular Certification – As part of meaningful use certification BIDMC plans to gain modular certification for the Mass HIway. This may then be used by other organizations that wish to use the HIway as part of their certification. BIDMC needs to go through the certification procedure anyway, and the hope is that the certification can be used by other organizations.

- Question (Larry Garber): Will you be certifying HIway for Eligible Hospitals or Eligible Providers
 - Answer (John Halamka): Both, BIDMC must obtain two certifications, and therefore pays a testing lab twice.
 - Comment (Karen Bell): If the Mass HIway obtains certification, all organizations on the HIway will be able to use the certifications.

Dr. Halamka also briefly discussed the difficulties that BIDMC has been facing in the past couple weeks with regard to holding the medical records for “suspect 1” and “suspect 2” in the Boston Marathon bombing tragedy. He elaborated on the learning experiences the organization is encountering, from handling press inquiries from around the world to intrusion attempts to obtain information.

Discussion Item 2: Mass HIway Update – Outreach & Sales Update, Implementation & Support Update, Phase 2 Update presented by Sean Kennedy and Manu Tandon (slides 24-29)

See slides 24-29 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides

(Slide 25) The council was presented with an update on the Mass HIway Implementation Grants. The map displays the distribution plotting of the planned awards to grantees. The result of the grant funding program will likely provide interesting use case example for future marketing of HIway services.

Final approval of the planned awards have not been announced yet (as of the time of the meeting), and will likely not be announced until the organizations are under contract for the grant funding.

- Comment (Larry Garber): The grant program process and response was impressive, with many different organizations and unique use cases being proposed.

(Slide 26) The council was presented with graphs and statistics representing current and future opportunities for revenue.

(Slide 27) HIway implementation updates and timeline listed by organization and (Slide 28) support updates including exchange numbers and support initiatives.

(Slide 29) The council reviewed the Mass HIway Phase 2 Overall Timeline Update. Key updates: Centers for Medicare and Medicaid Services (CMS) has approved the phase 2 Implementation Advanced Planning Document (IAPD). The public health immunization registry node and reportable lab results

node went live as scheduled. The testing of the public health syndromic surveillance node was moved into May. Please see slide for full timeline updates.

Discussion Item 3: Mass HIway Strategic & Operating (SOP) Plan Update (slides 30-31) presented by Sean Kennedy

See slides 30-31 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides

(Slide 31) The council was briefed on the timeline and purpose of the 2013 HIE-SOP submission to the Office of the National Coordinator for Health Information Technology (ONC). The operating plan document will be sent to the council members for review and feedback by 5/17, with submission to ONC by 5/24.

Discussion Item 4: Wrap-up and next steps (slides 32-34) presented by EOHHS CIO Manu Tandon

See slides 32-34 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides

The next HIT Council meeting is June 3rd on the 21st floor. Please refer to information posted to the web site. The preliminary agenda for the next Council meeting was reviewed.

- Question (Laurance Stuntz): How long should it take an organization to get through the HIway implementation process - what is the “long pole in the tent” in terms of planning from when you started back in the fall until today?
 - Answer (Peter Bristol): Vendor readiness to produce or ingest CCDs. We have had to get Middleware involved for our vendor and this takes much longer.
 - Answer (John Halamka): When we started the Local Access Network Distribution (LAND) device was “fresh out of the box” – It needed documentation, it needed modifications to meet the high security demands of our data center – LAND is now mature and the focus is more on staff training.
 - Answers (Phil Argyris) There are policy questions to resolve all along the way and this takes a lot of work. We recommend that organizations get started, even if they are not technically ready, in order to do all of the policy work underneath.
- Question (Lisa Fenichel): Regarding consent, are there education materials?
 - Answer (John Halamka): We have 2 statements. A general consent form that clearly explains our policy – and our hospital notice of patient rights which has the more detailed policies outlined. John referenced the Newburyport MAeHC pilot and that much of that learning has been carried forward. John mentioned that he is happy to share any of the language they have developed.
- Question (Lisa Fenichel): Do patients have the option to not sign?
 - Answer (John Halamka): Yes

The HIT Council meeting was adjourned at **4:43p.**